

Photo by Sgt. Kyran V. Adams

A soldier from Company B, 2nd Battalion 325th Airborne Infantry Regiment, pulls security during an operation April 6, in central Iraq.

## By Sgt. 1st Class George Loucks U.S. Army Medical Command

On the battlefield or during operations other than war, NCOs know there is no such thing as an eight-hour workday, three hot meals a day, a clean shower or a comfortable bed; there are no normal situations. Most NCOs and their soldiers have had similar experiences during training or other missions, but each exercise and mission comes with an emotional price tag.

Having to kill a 12-year-old boy who's aiming a rocketpropelled grenade at you, excavating bodies from a mass grave or seeing members of your own unit killed or wounded tend to take a psychological toll on soldiers.

Julius Caesar said, "What tends to bother men's minds is far greater than what they see." Effective intervention and awareness of Combat Stress Control (CSC) are often deciding factors in the ability to sustain the warrior ethos and be victorious. NCOs must take steps to prevent combat stress; they must know when to respond to it, manage it and use CSC as a force multiplier.

Soldiers often go for days without a break, maybe because of the threat level, the ongoing mission or personal concerns that plague soldiers' minds. In any case, the stress leaves them drained physically, mentally and emotionally. Remember seeing the soldiers' exhausted appearance during the Shock-and-Awe Campaign at the beginning of Operation Iraqi Freedom? While most leaders are aware of the diverse stressors their soldiers face, it takes time for new leaders to learn their units' missions,

their troops and their combined capabilities. Leaders must continue to hone their stress management skills, their judgment and insight as the varied reactions soldiers may have. More importantly, leaders must know their soldiers' limits and be ready with appropriate coping skills to help their soldiers get through it.

Combat stress behaviors are categorized into three areas, one is adaptive and two are dysfunctional. Of course, leaders strive for the adaptive or positive combat stress factors. Positive combat stress factors include a functioning family support group, unit cohesion, loyalty to fellow soldiers and their unit and unconditional support up and down the chain of command. In some cases, you may see soldiers who display higher than normal endurance levels and demonstrate indifference to pain and injury.

In a few cases, soldiers react to stress in what could be defined as Misconduct Combat Stress Behaviors. Soldiers who are usually able to adapt and function well may exhibit Misconduct Combat Stress Behaviors. Some extreme cases of this type of behavior include murder, rape, torture and/or other brutality toward enemy prisoners or noncombatants. Other examples include soldiers going absent without leave or deserting, abusing alcohol or drugs or threatening someone in the chain of command. Some soldiers may make excessive visits to sick call to get out of a mission or even self inflict wounds. Other examples include leaders who are excessively eager to commit the unit to a dangerous mission or take other unnecessary risks that could lead to avoidable deaths.

14 NCO Journal July 2003

The second dysfunctional form of combat stress is battle fatigue, which any normal soldier may experience. Some symptoms include what is known as the thousandyard stare or shell shock. Other symptoms include hyperalertness, fear, anxiety, panic, anger, rage, physical complaints, depression, indecision, exhaustion, apathy and overall poorer performance. The stress of the mission or conflict, homefront worries, first exposure to combat, unit casualties and even being the "new guy" can contribute to battle fatigue. War and other operations are designed to stress the enemy; it's only natural for soldiers to be exposed to that stress.

Battle fatigue is basically a temporary overloading and redirecting of psychological defenses, but it doesn't last forever. Something will give and more than likely it will be the soldier.

Leaders must deal with this type of stress quickly and as close to the front lines as possible. Soldiers who exhibit combat fatigue symptoms should stay with their units, their support structure.

Leaders need to take proactive measures designed to minimize the effects of combat stress and battle fatigue. Leaders should encourage unit cohesion and impart unit pride. They should also ensure soldiers' physical fitness, conduct tough and realistic training; practice effective time and resource management; and plan efficient sleep discipline within the mission's boundaries.

NCOs have to guard against their soldiers becoming complacent or assuming a passive posture.

Providing soldiers with too much or too little information can have an overwhelming effect on the soldiers. NCOs must be aware of this.

If soldiers seem to be overloaded or confused by the information, step back and readdress the issue. Clarity leads to success. It may be the mission itself or too many changes. Unforeseen variables for which the soldiers



32nd Army Air and Missile Defense Command soldiers sit inside a bunker during an early warning SCUD drill exercise in Kuwait.



Soldiers of Company B, 2nd Battalion 325th Airborne Infantry Regiment, move out for an operation April 6, in central Iraq. The unit is deployed in support of Operation Iraqi Freedom.

**NCO Journal 15 July 2003** 

weren't trained can wear down soldiers' physical, psychological and emotional stamina.

For example, the threat of a nuclear, biological or chemical (NBC) attack is real. For most soldiers, the threat is outside the scope of their daily experiences. The NBC threat causes soldiers to react with a heightened state of alertness and fear, that interferes with soldiers' performance.

If NCOs address these concerns with preventive measures instead of reacting to them, the chance of counterbalancing or preventing battle fatigue increases greatly.

Prevention is the secret weapon in the battle against combat stress. Some techniques are as simple as resting when there's time. Leaders, too, must make efforts to get proper rest in order to be most effective. Another tactic is learning and practicing progressive relaxation techniques prior to movement. In addition, when it's appropriate, create an environment for your soldiers to vent, process what they encountered and constructively share their feelings.



Photo by Capt. Enrique T. Vasquez, 32nd Air and Missile Defense Command

Pvt. Lester Mena, Stinger Avenger crewmember, Battery D, 1-3 Air Defense Artillery, scans the skies of Kuwait in search of possible air threats.

Leaders do not need to go it alone in the fight against battle fatigue. Resources are available for any soldier who is experiencing combat stress. The unit chaplain and physician's assistant make up the first line of defense. Sometimes, soldiers just need some time to process a horrific event, a homefront issue they couldn't resolve before deploying or a leadership issue.

Division Mental Health and Combat Stress Control Prevention teams make every effort to stay close to the forward-deployed soldiers. Their goals are the same as the soldiers' leaders: keep the soldiers involved in the mission and as close to the unit as possible.

While the battlefield is not a place to conduct therapy, there is a simple, effective approach that for-

ward-deployed mental health professionals apply.

To accomplish the mission, NCOs must take care of their soldiers and themselves. By taking preventive measures, recognizing signs of battle fatigue and making appropriate and timely disposition, NCOs are better able to successfully continue the mission.

If left alone and not treated, the risk for future problems and possible mental health disorders may follow. Prevention is the force multiplier.

(Editor's note: Sgt. 1st Class George Loucks is the NCOIC of the Soldier and Family Support Branch, Academy of Health Science, U.S. Army Medical Department Center and School, Fort Sam Houston, Texas.)

16 NCO Journal July 2003